

## **Business Services Center - Human Resources**

1220 Washington Ave, Building 5

Albany, NY 12226-1900 Phone: (518) 457-4272 Fax: (518) 457-1879

APPLICANT INFORMAT	ION		Salary Grade	Last 4 SS#	Email Addres	SS	Phone Number
nrollment	Health Insurance Plan					Agency Name	
roductivity Enhanceme ligibility criteria as set f understand that, in acc	nt Program D orth in the pro ordance with oe deducted f	escription (herogram descript the program de rom my leave b	eafter program de ion in order to pa escription, I will so palances at the tir	escription) th rticipate. urrender lea me my enroll	at is available i ve accruals sta ment is proces	ent Program (PEP) and agree to the in my agency personnel office. I und nding to my credit as a result of partised. Furthermore, I understand that	erstand that I must meet all icipation and that ALL of
Bargaining Unit & Grade Level		Days/Accruals					
CSEA and M/C Salary Grade 1–17		1. Choose:	4 days -or-	8 days	2. Specify:	Hours Vacation Leave	Hours Personal Leave
CSEA Salary Grade 18–24		1. Choose:	2.5 days <b>-or-</b>	5 days	2. Specify:	Hours Vacation Leave	Hours Personal Leave
M/C Salary Grade 18-23		1. Choose:	2.5 days <b>-or-</b>	5 days	2. Specify:	Hours Vacation Leave	Hours Personal Leave
PEF and DC-37 Salary Grade 1–17		1. Choose:	3 days -or-	6 days	2. Specify:	Hours Vacation Leave	Hours Personal Leave
PEF and DC-37 Salary Grade 18–24		1. Choose:	2 days -or-	4 days	2. Specify:	Hours Vacation Leave	Hours Personal Leave
PEF Institution Teachers Salary Grade 1–17		1. Choose between 1 to 6 days: 2. Specify hours personal leave:					
PEF Institution Teachers Salary Grade 18–24		1. Choose between 1 to 4 days:			2. Specify hours personal leave:		
lan year NYSHIP health nly upon movement be ealth insurance premiu understand that this en understand that in orde	insurance. P tween individed ms paid during rollment former to participate mpleted former	ursuant to the lual and family g that period. is for the 2023 te, this complets can be sent to	program description or a program year or a program year or a ded election form to the BSC by: fax	ion, the amo ot receive ar nly. must be filed (518) 457-18	unt of this cred ny amount of cr d with the Busi 79, or email BS	cription to be applied against the er lit will be established at the time of e redit that exceeds the cost of the em ness Services Center (BSC) by the c CCHRForms@ogs.ny.gov, or mail to the 12226-1900.	enrollment and will be adjust aployee share of my NYSHIF lose of business on
Signature					Date		
nhancement Program f	requested por 2023. This participate in	ursuant to New information wi n the Productiv	York State Civil S Il be used in acco ity Enhancement	ordance with Program for	Public Officers 2023. This info	or the principal purpose of determini s Law section 96(1). Failure to providormation will be maintained by the e 9375.	e this information may resul
FOR BUSINESS SERV	UCES CENTE	D LICE ONLY	-				
FOR BUSINESS SERV	ICES CENTE	R USE UNLY					

Employee's payroll/employment percentage: \_\_\_\_\_\_\_ % Salary Grade: \_\_\_\_\_\_ Total number of days forfeited: \_\_\_\_\_\_

Hours of leave deducted from employee's balance: \_\_\_\_\_\_\_ Date Leave Deducted

Verification of eligibility: I certify that this applicant meets the eligibility criteria necessary for participation in this program.

Name \_\_\_\_\_\_\_ Signature \_\_\_\_\_\_ Title \_\_\_\_\_\_\_ Date

For Health Benefits Administrators Only:

Date processed: \_\_\_\_\_\_\_\_ Bi-weekly Health Insurance Premium Contribution Credit: \_\_\_\_\_\_\_\_